

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Make DC Listen		FEC IDENTIFICATION NUMBER ▼ C C00570739	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Make DC Listen		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2015	
Mailing Address 824 S Milledge Ave Ste 101		Amount 196.90	
City Athens	State GA	Zip Code 30605	Transaction ID : E4940E814168943F9A5C Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2015
Purpose of Expenditure Donation Processing		Category/ Type	
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		52145.12	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Make DC Listen		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2015	
Mailing Address 824 S Milledge Ave Ste 101		Amount 179.25	
City Athens	State GA	Zip Code 30605	Transaction ID : ED268D8D01F4240C0996 Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2015
Purpose of Expenditure Donation Processing		Category/ Type	
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		52324.37	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	376.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
06 / 30 / 2015

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F24N

Transaction ID :

The independent expenditures listed in this 48 Hour Notice Filing were all for expenditures of communications and items that were disseminated nationally and equally distributed among the states.

Form/Schedule:

Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Make DC Listen

FEC IDENTIFICATION NUMBER ▼

C C00570739

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

Alliance Strategy Group

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Mailing Address 7700 Congress Ave, Ste 3208

Amount

12402.74

City

Boca Raton

State

FL

Zip Code

33487-1358

Transaction ID : EE43066E2880B4BABAAB

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Purpose of Expenditure

Email Marketing

Category/
Type

Name of Federal Candidate

Ted Cruz

☒ Support☐ OpposeOffice Sought: ☐ House District: 00☒ President ☐ Senate State: _____Calendar Year-To-Date
Per Election for Office Sought

64727.11

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶ _____

Full Name of Payee

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y

Purpose of Expenditure

Category/
Type

Name of Federal Candidate

☐ Support☐ OpposeOffice Sought: ☐ House District: _____☐ President ☐ Senate State: _____Calendar Year-To-Date
Per Election for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

12402.74

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

12778.89

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Paul Kilgore

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Signature